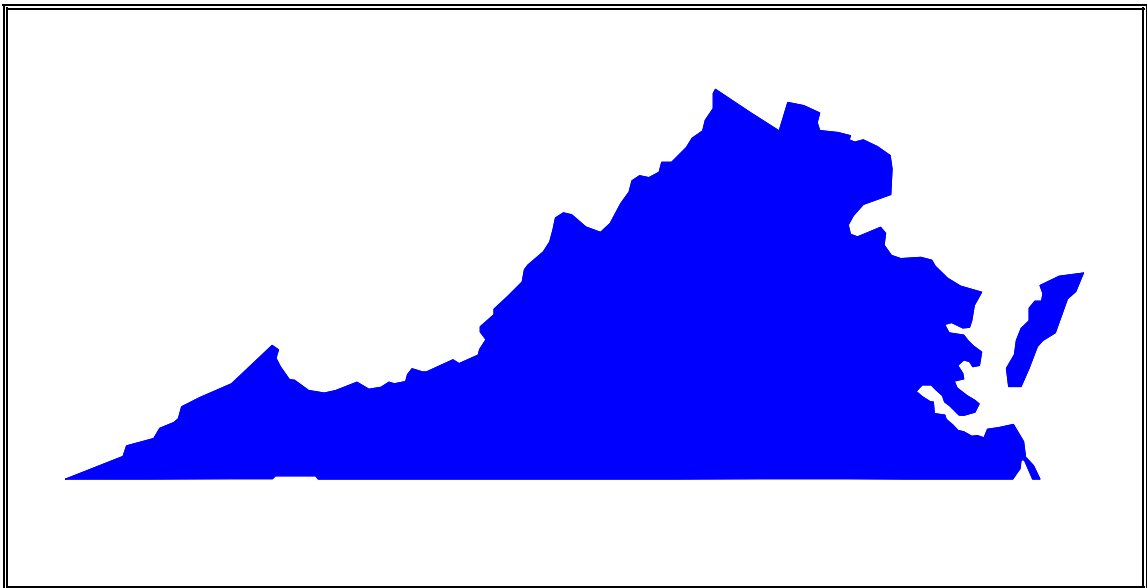


Virginia Department of Medical Assistance Services

# Companion Guide

**For 270/271 Batch Health Care Eligibility Inquiry and  
Response Transactions**

***Version 1.9 Updated 06/17/2010***



**ASC X12N 270/271  
VERSION 004010 X092A1**

## **CONTACT INFORMATON**

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## **INTRODUCTION**

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid, and all other health insurance payers in the United States, comply with the EDI standards for health care as established by the Secretary of Health and Human Services. The ANSI X12N implementation guides have been established as the standards of compliance for claim transactions.

The following information is intended to serve only as a companion guide to the HIPAA ANSI X12N implementation guides. The use of this guide is solely for the purpose of clarification. The information describes specific requirements to be used for processing data. This companion guide supplements, but does not contradict any requirements in the X12N implementation guide. Additional companion guides/trading partner agreements will be developed for use with other HIPAA standards, as they become available.

Additional information on the Final Rule for Standards for Electronic Transactions can be found at <http://aspe.hhs.gov/admnsimp/final/txfin00.htm>. The HIPAA Implementation Guides can be accessed at [http://www.wpc-edi.com/hipaa/HIPAA\\_40.asp](http://www.wpc-edi.com/hipaa/HIPAA_40.asp).

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## **VERSION CHANGE SUMMARY**

VERSION NO.	DESCRIPTION	DATE
Version 1.0	- Original Implementation	08/25/2005
Version 1.1	- Added Page reference 251 Loop 2120C – NM1 Segment – NM103 data element Added Page reference 253 Loop 2120C – NM1 Segment – NM108 & NM109 data elements	06/01/2006
Version 1.2	- Added Points 12-18 under ‘Special considerations For 270/271 transactions’ Modified comments (page reference <b>52</b> ) Loop 2100B -NM108 Provider Identification Qualifier Modified comments (page reference <b>52</b> ) Loop 2100B -NM109 Provider Identification Code Modified comments (page reference <b>54</b> ) Loop 2100B -REF Reference Identification Qualifier Modified comments (page reference <b>54</b> ) Loop 2100B -REF Reference Identification Code Modified comments (page reference <b>181</b> ) Loop 2100B -NM108 Provider Identification Qualifier Modified comments (page reference <b>181</b> ) Loop 2100B -NM109 Provider Identification Code	12/01/2006
Version 1.3	- Modified ‘special considerations’ content Modified comments for Page reference 52 - NM109 Modified comments for Page reference 54 – REF02 Modified comments for Page reference 181 - NM109	06/06/2007
Version 1.4	- Modified ‘special considerations’ content Removed the blue highlighting from previous version Modified comments for API and NPI usage Modified comments for Page reference 52 - NM108, NM109 Removed comments for page reference 54- REF01, REF02 Modified comments for Page reference 181 - NM109	04/01/2008
Version 1.5	- Modified ‘special considerations’ content Modified comments for Page reference 73 - NM109 Added page reference 75-76 Loop 2100C – REF Segment – REF01 and REF02 data elements Added page reference 197-198 Loop 2100C – REF Segment – REF01 and REF02 data elements	05/22/2008
Version 1.6	- Modified ‘special considerations’ content	02/26/2009

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	Added page reference 220-229 Loop 2110C – EB Segment - EB01 to EB07 data elements Added page reference 240-242 Loop 2110C – DTP Segment – DTP01 to DTP03 data elements	
Version 1.7 -	Modified ‘special considerations’ content Added page reference 90-96 Loop 2110C – EQ Segment - EQ01 and EQ02 data elements Added page reference 219-231 Loop 2110C – EB Segment - EB01 to EB13 data elements	06/23/2009
Version 1.8 -	ACS VAMMIS Fiscal Agent Implementation Change Re-branded documentation for ACS Changed Special Considerations to Special Notes Modified Special Notes to include File Transfer Protocol information	06/17/2010
Version 1.9 -	Changes to Version History made	06/18/2010

## **PURPOSE**

The purpose of the 270/271 transactions is to electronically request (270) eligibility information and to respond (271) to the request. The purpose of the 270 inquiry is to request eligibility and service limit verification. There are four (4) types of information that can be returned via the verification process:

- 1) Eligibility information to include verification number,
- 2) Co-pay, if present,
- 3) TPL information, if applicable, and
- 4) Service limit information.

This guide is concerned with the processing of batch requests and responses submitted to Affiliated Computer Services, Inc. (ACS) as the Fiscal Agent and information source for Virginia Medicaid. ACS adheres to all HIPAA standards and this guide contains clarifications and requirements that are specific to transactions and data elements contained in various segments. For the 270 request specific expectations of incoming data are described. For the 271 response there are descriptions of specific data that are returned to requesters.

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### **SPECIAL NOTES FOR 270/271 TRANSACTIONS**

1. We encourage providers to limit the incoming 270 batches to 99 requests per batch, although an unlimited number of batches can be submitted by any one submitter.
2. Barring unforeseen difficulties, responses (271s) from inquiry (270) batches received by 5 PM, Monday to Friday, will be available for retrieval the following morning. We recommend sending the files earlier during the day to guarantee next day pickup. Submitters of inquiries are required to retrieve their responses.
3. ACS uses the MOVEit® DMZ application to transmit batch EDI data into the Virginia Medicaid system. All Service Centers must have applied and been authorized by the Virginia EDI Coordinators office before using MOVEit® DMZ.

➤ **How to use MOVEit® DMZ Application tool for secure file Drop off and Pick up**

MOVEit® DMZ is a secure file transfer and secure message server. It is a vital component of the [MOVEit® family](#) of secure file processing, storage, and transfer products developed by [Ipswitch, Inc.](#) Additional help on using MOVEit® DMZ can be located at web page: <https://grabit.acs-shc.com/doc/en/help.htm>

These products provide comprehensive, integrated, standards-based solutions for secure handling of sensitive information, including financial files, medical records, legal documents, and personal data.

Providers or Service Centers can elect to pick up or drop off your EDI files (batches) for the batch staging queue. This requires a User Id and Password be allocated by the EDI Coordinators office. You can use either of the following methods to access MOVEit® DMZ:

- a. A Web browser can be used to obtain access to the MOVEit® DMZ repository at web site <http://grabit.acs-shc.com>.
- b. Using an SFTP Client application referencing the URL [grabit.acs-shc.com](http://grabit.acs-shc.com).

Note: If you have trouble connecting with the URL [grabit.acs-shc.com](http://grabit.acs-shc.com), you should talk with your technical staff about using the DOS command “nslookup” to get the [grabit.acs-shc.com](http://grabit.acs-shc.com) IP Address and drop this value into your URL to connect to MOVEit® DMZ.

Next you will have to make sure and use the correct port depending on the protocol your company uses. The following table will help identify the port required based on the protocol being used by your company.

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IF	THEN
SFTP over SSH	use port 22
SFTP over TLS-P*	use ports 21 and 20
SFTP over TLS-Implicit*	use port 990
SFTP over SSL	use port 443

*\*NOTE: Both TLS options will use ports 3000 to 3008, but their firewalls should automatically allow this if the initial connections are made to the ports specified above.*

4. Only Medicaid contractors to Virginia Medicaid and/or authorized vendors can submit inquiries. Submissions by entities/individuals not on file at ACS will be rejected.
5. There are four possible combinations for eligibility verification searches,
  - a. Medicaid Recipient ID (Enrollee ID),
  - b. Social Security Number and Date of Birth,
  - c. Social Security Number and Name,
  - d. Name and Date of Birth.
6. 270 verification/inquiry process reports only the service limit categories that are applicable to the provider making the inquiry. For example psych limits will not be reported to a dentist.
7. If a specific service type code is not requested or a service type code of 30 is sent, then only eligibility verification will be returned.
8. Verification of service limits can be made for only the following service types.
  - a. 42 Home Health Care
  - b. 44 Home Health Visits
  - c. A8 Psychiatric – Outpatient
  - d. AD Occupational Therapy
  - e. AE Physical Medicine
  - f. AF Speech Therapy
  - g. AI Substance Abuse
  - h. AL Optometry
  - i. AO Lenses
  - j. 12 Durable Medical Equipment Purchase
  - k. 18 Durable Medical Equipment Rental
9. Medicaid contractors and/or vendors only can submit inquiries. Submissions by entities/individuals not on file on the Virginia Medicaid system will be rejected.

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10. If there is a co-payment due from a recipient the requester receives a second EB segment with a co-pay indicator of Y and an MSG segment with a message to refer to the provider manual for the appropriate amount. This segment is displayed only when a co-payment is required. If no co-pay is required this second EB segment is not displayed.
11. Whenever there is a required co-payment amount, an EB segment will contain a "B" in EB02, and a "Y" in EB05, but no amount or percentage in EB07 or EB08. Virginia Medicaid does not store the co-payment amount in its files. The correct co-payment amount can be found in the appropriate provider manual. An MSG segment will be present with a notation to refer to the provider manual for the co-payment amount.
12. If a return code of 64 is returned on an AAA segment for a recipient (2100C loop) the recipient identification number is invalid. An Inactive / Ineligible enrollee's information is returned in the EB segment with a value of '6' in EB01.
13. The TPL carrier code will be returned on a 271 in a NM1 segment (Loop 2120C). The code will help providers to identify the specific third party plan that the recipients have on the Recipient eligibility file
14. As of May 23, 2008 only the NPI/ API will be accepted and used to initiate an Inquiry. All inquiries received on or after that date will be processed using the NPI or Atypical Provider Identifier (API). The compliance is based on the date of receipt and not the date of service
15. Non-healthcare providers that are not eligible to obtain an NPI will be assigned a new 10-digit Virginia Medicaid Atypical Provider ID (API). Beginning May 23, 2008, the API must be used in place of the Legacy ID.
16. The NPI/ API should be sent in the NM1 segment Loop 2100B. The NPI would use the qualifier 'XX' and the API would come in with qualifier 'SV'.
17. On the 270, the Medicaid Recipient ID (Enrollee ID) is generally sent in the NM1 segment Loop 2100C, which is the primary location for this ID. If the system does not find the Recipient ID in the NM1 segment, it looks for the ID in the REF segment that follows with qualifier 'EJ'. If two different IDs are sent in the NM1 and REF segments, the system uses the ID from the NM1 segment to initiate the inquiry. On the 271, the Recipient ID is only returned on the NM1 segment.
18. Starting March 1<sup>st</sup> 2009, the 271 will include a new Loop 2100C for Patient Pay information. The Patient Pay amount will be sent in EB07 with EB01='G'. The Patient Pay begin and end dates are sent in the DTP segment following it with qualifier '307' in DTP01. These segments can be easily ignored by the Vendor if they are not required for processing. There could be a maximum of 5 occurrences of the patient pay dates for the

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requested time frame. These segments will not be returned for the Real-Time and the DSH 270-271.

19. Starting August 1<sup>st</sup> 2009, the DMAS 270-271 will support an advanced functionality of processing an inquiry based on the procedure code. Virginia trading partners will be able to inquire based on a service type or do a more specific inquiry based on the procedure code. This capability will also be available for Real-Time and ARS users.
20. For inquiries that have an Invalid Procedure code or modifier and in situations where there are provider restrictions for a particular Procedure code, we will attempt to send eligibility information to complete the response.



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## **270 DATA ELEMENTS**

<b>PAGE</b>	<b>LOOP</b>	<b>SEGMENT</b>	<b>DATA ELEMENT</b>	<b>COMMENTS</b>
B.3	N/A	ISA	ISA01 - Authorization Information Qualifier	Use '00' – No authorization information present.
B.4	N/A	ISA	ISA03 - Security Information Qualifier	'00' – No security information present.
B.4	N/A	ISA	ISA05 - Interchange ID Qualifier	Use 'ZZ'.
B.4	N/A	ISA	IS06 - Interchange Sender ID	Use the 4-digit code assigned by Virginia Medicaid.
B.4	N/A	ISA	ISA07 - Interchange ID Qualifier	Use 'ZZ'.
B.5	N/A	ISA	ISA08 - Interchange Receiver ID	Use 'VMAP FHSC FA'.
B.6	N/A	ISA	ISA14 – Acknowledgement Requested	Use '1' to indicate an acknowledgement requested. (NOTE: all 270 batch requests will receive a 997 Functional Acknowledgement transaction.
B.8	N/A	GS	GS01 – Functional ID code	Use 'HS'.
B.8	N/A	GS	GS02 - Application Sender's Code	Use the 4-digit code assigned by Virginia Medicaid.
B.8	N/A	GS	GS03 - Application Receiver's Code	Use 'VMAP FHSC FA'.
19 (10/02 Addendum)	N/A	GS	GS08 – Version/Release/Industry Identifier Code	Use '004010X092A1'.
46	2100A	NM1	NM108 – Identification Code Qualifier	Use 'PI'.
46	2100A	NM1	NM109 - Identification Code	Use 'VMAP FHSC FA'

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<b>PAGE</b>	<b>LOOP</b>	<b>SEGMENT</b>	<b>DATA ELEMENT</b>	<b>COMMENTS</b>
52	2100B	NM1	NM108 - Identification Qualifier Code	‘SV’- Atypical Provider ID assigned by Virginia Medicaid. ‘XX’- Service Provider NPI
52	2100B	NM1	NM109 - Identification Code	When sending the ‘SV’ qualifier, use the 10-digit API assigned by Virginia Medicaid.  When sending the Qualifier ‘XX’ use the NPI  Notes:  This segment could be used for the NPI or API  Note: Beginning 5/23/08, only the 10-digit API or NPI should be submitted in NM109
73	2100C	NM1	NM108 – Identification Qualifier Code	Use ‘MI’
73	2100C	NM1	NM109 – Identification Code	Use the 12-digit Medicaid Enrollee ID Number. This is the primary location for this ID
75	2100C	REF	REF01 – Reference Identification Qualifier	‘SY’- Social Security Number ‘EJ’- Medicaid Enrollee ID number
76	2100C	REF	REF02 – Reference Identification	When the qualifier is ‘SY’ use Social Security Number  When the qualifier is ‘EJ’ use the Medicaid Enrollee ID. Use this location for the Enrollee ID only if it is not sent in the NM109 segment above.

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88	2100C	DTP	DTP01 – Date/Time Qualifier	Use ‘307’ or ‘472’
90	2110C	EQ	EQ01 – Service Type Code	Use ‘30’ or ‘42’ or ‘44’ or ‘A8’ or ‘AD’ or AE’ or ‘AF’ or ‘AI’ or ‘AL’ or AO’ or ‘12’ or ‘18’  Either an EQ01 or an EQ02 is required to be sent but not both.
95	2110C	EQ	EQ02- Composite Medical Procedure Identifier	
95	2110C	EQ	EQ02-1 - Product/Service ID Qualifier	HC for HCPCS codes
96	2110C	EQ	EQ02-2 - Product/Service ID	Procedure code
96	2110C	EQ	EQ02-3 - Procedure Modifier	Procedure modifier 1
96	2110C	EQ	EQ02-4 - Procedure Modifier	Procedure modifier 2

## **271 DATA ELEMENTS**

PAGE	LOOP	SEGMENT	DATA ELEMENT	COMMENTS
B.3	N/A	ISA	ISA01 - Authorization Information Qualifier	‘00’ – No authorization information present.
B.3	N/A	ISA	ISA03 - Security Information Qualifier	‘00’ – No security information present.
B.3	N/A	ISA	ISA05 - Interchange ID Qualifier	‘ZZ’.
B.4	N/A	ISA	IS06 - Interchange Sender ID	‘VMAP FHSC FA’.
B.4	N/A	ISA	IS07 - Interchange ID Qualifier	‘ZZ’.
B.5	N/A	ISA	IS08 - Interchange Receiver ID	The 4-digit code assigned by Virginia Medicaid.
B.8	N/A	GS	GS01 – Functional ID code	‘HB’.
B.8	N/A	GS	GS02 - Application Sender’s Code	‘VMAP FHSC FA’.

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B.8	N/A	GS	GS03 - Application Receiver's Code	The 4-digit code assigned by Virginia Medicaid.
19 (10/02 Addendum)	N/A	GS	GS08 – Version/Release/Industry Identifier Code	'004010X092A1'.
181	2100B	NM1	NM108 - Identification Qualifier Code	'SV'- Atypical Provider ID assigned by Virginia Medicaid. 'XX'- Service Provider NPI
181	2100B	NM1	NM109 - Identification Code	When the Qualifier is 'SV' the 10-digit API assigned by Virginia Medicaid will be returned  When the Qualifier in NM108 is 'XX' the NPI will be returned
195	2100C	NM1	NM109 - Identification Qualifier	'MI'.
195	2100C	NM1	NM109 - Identification Code	The 12-digit code Medicaid Enrollee ID Number.
197	2100C	REF	REF01 – Reference Identification Qualifier	'SY'
198	2100C	REF	REF02- Reference Identification	Social Security Number
			Eligibility and Benefit loop	
219	2110C	EB	EB01 – Eligibility or Benefit Information	'1'- Active, '6'- Inactive
221	2110C	EB	EB03- Service type	Returned from the EQ01 on the 270.  '30' or '42' or '44' or 'A8' or 'AD' or AE' or 'AF' or 'AI' or 'AL' or AO' or '12' or '18'

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226	2110C	EB	EB04- Insurance type code	‘MC’ for Medicaid
228	2110C	EB	EB05- Benefit Plan	Benefit Plan description
230	2110C	EB	EB13- Composite Medical Procedure Identifier	
231	2110C	EB	EB13-1 - Product/Service ID Qualifier	HC for HCPCS codes  Returned from the EQ02-1 on the 270.
231	2110C	EB	EB13-2 - Product/Service ID	Procedure code  Returned from the EQ02-2 on the 270.
231	2110C	EB	EB13-3 - Procedure Modifier	Procedure modifier 1  Returned from the EQ02-3 on the 270.
231	2110C	EB	EB13-4 - Procedure Modifier	Procedure modifier 2  Returned from the EQ02-4 on the 270.
			Co-Pay and TPL Loop	
218	2110C	EB	EB01 – Eligibility or Benefit Information	‘B’ if Co-pay required
228	2110C	EB	EB05	‘Y’ if Co-pay required
229	2110C	EB	EB07	Not Used
229	2110C	EB	EB08	Not Used
244	2110C	MSG	MSG01	If Co-pay required
220	2110C	EB	EB01	‘G’ For Patient Pay
221	2110C	EB	EB02- EB06	Not Used
229	2110C	EB	EB07	Patient Pay Amount
240	2110C	DTP	DTP01 – Date/Time Qualifier	‘307’
241	2110C	DTP	DTP02 – Date Qualifier	RD8
242	2110C	DTP	DTP03- Date Range	Patient Pay Begin Date- Patient Pay End Date

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251	2120C	NM1	NM103	TPL Carrier Name
253	2120C	NM1	NM108	'ZZ'
253	2120C	NM1	NM109	TPL Carrier Code